

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

479009

Study Area Code (SAC)

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for **each** SAC through which it provides Lifeline service).

2016

ID

Recertification Year

State

CTC Telecom Inc.

DBA, Marketing, or Other Branding Name
(If same as ETC name, list "N/A" Do not leave blank)

143021985

Service Provider Identification Number (SPIN)

CTC Telecom Inc.

ETC Name

Cambridge Telephone Co., Inc.

Holding Company Name

(If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes ☒

No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

| Affiliated ETC's SAC | Affiliated ETC's Name |
|----------------------|-----------------------|
| | |

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial KK

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

| $M = (F+K)$ | $N = (J+L)$ | $O = ((N \div M) * 100)$ |
|---|---|---|
| Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E) | Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility | Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response |
| 1 | 0 | 0.0% |

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes ☒ No ☒

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

| P | Q |
|-------------------|---------------------------------------|
| Month | Subscribers De-Enrolled for Non-Usage |
| January | 0 |
| February | 0 |
| March | 0 |
| April | 0 |
| May | 0 |
| June | 0 |
| July | 0 |
| August | 0 |
| September | 0 |
| October | 0 |
| November | 0 |
| December | 0 |
| Total Subscribers | 0 |

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online

Signature of Officer

kkanady@ctctele.com

Email Address of Officer

Kristie Kanady

Person Completing This Certification Form

Kristie Kanady

Printed Name and Title of Officer

01/13/2017

Date

208-257-8234

Contact Phone Number